

Student Information:

Student Name(Last, First, Middle Initial) _____

Student ID: @ _____

Purpose of Review:

Item(s) of information requested:

Office to which request was made:

I hereby agree to keep the information disclosed to me confidential according to all applicable legislation and regulations.

Requestor Signature: _____ Date: _____

Please complete and return to Enrollment Services.

Office Use Only

Record Custodian (Name):

Title: _____

Request Received Date: _____

Signature Approving Request to Review: _____

Date of Request Approval: _____